WRITE PLAINLY WITH UNRADING INK-THIS IS A PERMANENT RECU.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each.

In order of birth stated.

PLACE OF BIRTH	·
	NA STATE BOARD OF LI-
·	NA STATE BOARD OF HEALTH
	VITAL STATISTICS State Index No.
•	TIFICATE OF BIRTH County Registrar No.
City of Globe No. 319	40 (
(If birth occurred in a	East Railey St. St. Ward hospital or institution, give its NAME instead of street and number)
2. Full name of child Charles Edwington Fr	Cuin Jr) If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY 4. Twin, triplet or	other 6. Legitimate?
male in event of plural births.	birth Ves 7. Date of birth April 27 1905
s. FATHER	moute day year
Full name Charles Edgington Fruin	il MOLHER
9 Pacidana	Full maiden name Anna Lydia Moore
(Usual place of abode) 319 Bailey St	15. Residence (Usual place of abode) 19 Bailey St
If nonresident, give place and state Globe Ariz	If nonresident, give place and state Globe Ariz
10. Color or race	16. Color or race
White 11. Age at last birthday 55 (Years	White
11. Age at last birthday(Years	77. Age at last birtiday (Years)
12. Birthplace (city or place) Utica New York	18. Birthplace (city or place) Summerfield
(State or country)	(State or country) Illinois
13. Occupation Carpenter	19. Occupation
Nature of industry	Nature of industry
A. W	i menute of inaustry
0. Number of children of this mother (a) Born alive and now	living 21. Were precautions taken against sob-
Taken as of time of birth of child herein (b) Born alive but now destified and including this child.) (c) Stillbern	icad {} Thaimis necestorum?
CERTIFICATE OF ATTEMPOR	
hereby certify that I attended the birth of this child, who was	PHYSICIAN OR MIDWIFE*
hereby certify that I attended the birth of this child, who was	rn alive or stillborn.)
should make this return A still or, etc. Signature	J'ax W.V.B.G.Fox, M.D. (Physician or midwife)
evidences of life after birth	State (Physician or midwife)
iven name added from	source way.
Month, day, year.	20 16 1925 / N. St Hont
Registrar. Filed	Local Registrar.
COURT IN THE A STORY A	County Registrar.

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